

10/43175

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	2		1			
5	2					
6	9					
7	9					
8	9					
9	9					
10	9					
11	9					
12	9					
13	9					
14	9					
15	9					
16	9					
17	9					
18	9					
19	1					
20	1					
21	1					
22	3					
23	9					
24	9					
25	9					
26	9					
27	9					
28	9					
29	9					
30	9					
31	9					
32	9					
33	9					
34	9					
35	9					
36	9					
37	9					
38	9					
39	9					
40	9					
41	9					
42	9					
43	9					
44	9					
45	9					
46	9	1				
47	9	1				
48	9	1				
49	9	1				
50	9	1				
TOTAL IND.			↓	↓		↓
TOTAL DEP.	←	←	K	←	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.	←	←	K	←	←	←
TOTAL CLAIMS						